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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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Charlton Clinton Tooke III

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EXAMINER

PASS, NATALIE

ART UNIT

PAPER NUMBER

3626

SHORTENED STATUTORY PERIOD OF RESPONSE	MAIL DATE	DELIVERY MODE
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3 MONTHS

01/29/2007

PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

If NO period for reply is specified above, the maximum statutory period will apply and will expire 6 MONTHS from the mailing date of this communication.

Office Action Summary

Application No.

09/924,952

Applicant(s)

TOOKE, CHARLTON CLINTON

Examiner

Natalie A. Pass

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-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED. (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

- 1) ☒ Responsive to communication(s) filed on 26 December 2006.
- 2a) ☐ This action is **FINAL**. 2b) ☒ This action is non-final.
- 3) ☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

- 4) ☒ Claim(s) 1-6, 8-11, 13-33 and 35-43 is/are pending in the application.
- 4a) Of the above claim(s) _____ is/are withdrawn from consideration.
- 5) ☐ Claim(s) _____ is/are allowed.
- 6) ☒ Claim(s) 1-6, 8-11, 13-33, 35-43 is/are rejected.
- 7) ☐ Claim(s) _____ is/are objected to.
- 8) ☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

- 9) ☐ The specification is objected to by the Examiner.
- 10) ☐ The drawing(s) filed on _____ is/are: a) ☐ accepted or b) ☐ objected to by the Examiner.
Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).
Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).
- 11) ☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

- 12) ☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).
- a) ☐ All b) ☐ Some * c) ☐ None of:
1. ☐ Certified copies of the priority documents have been received.
2. ☐ Certified copies of the priority documents have been received in Application No. _____.
3. ☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

* See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

- 1) ☐ Notice of References Cited (PTO-892)
- 2) ☐ Notice of Draftsperson's Patent Drawing Review (PTO-948)
- 3) ☐ Information Disclosure Statement(s) (PTO/SB/08)
Paper No(s)/Mail Date _____.
- 4) ☐ Interview Summary (PTO-413)
Paper No(s)/Mail Date. _____.
- 5) ☐ Notice of Informal Patent Application
- 6) ☐ Other: _____.

DETAILED ACTION

Notice to Applicant

1. A request for continued examination under 37 CFR 1.114, including the fee set forth in 37 CFR 1.17(e), was filed in this application after final rejection. Since this application is eligible for continued examination under 37 CFR 1.114, and the fee set forth in 37 CFR 1.17(e) has been timely paid, the finality of the previous Office action has been withdrawn pursuant to 37 CFR 1.114. Applicant's submission filed on 30 November 2006 has been entered.

2. This communication is in response to the Request for Continued Examination and amendment filed on 26 December 2006. Claims 1, 8-11, 13, 26 have been amended. Claims 7, 12 and 34 have been cancelled. Claim 43 has been newly added. Claims 1-6, 8-11, 13-33, 35-43 remain pending.

Claim Rejections - 35 USC § 103

3. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negated by the manner in which the invention was made.

4. Claims 1, 4-6, 8-11, 13, 18, 20-22 are rejected under 35 U.S.C. 103(a) as being unpatentable over Deavers, U.S. Patent Number 6, 044, 352 and Kenna, et al., U.S. Patent

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Number 6,108,641, for substantially the same reasons given in the previous Office Action (paper number 20060816). Further reasons appear hereinbelow.

(A) Claim 1 has been amended to recite the limitations

- "specifying a maximum expenditure limit on the health savings account, the maximum expenditure limit indicating a restriction on deductions from the health savings account over a time period," in lines 10-12;
- "monitoring an actual expenditure by the health care consumer to determine if the maximum expenditure limit has been deducted from the health savings account over the time period," in lines 19-21; and
- "assessing the health care consumer for a percentage of health care costs exceeding maximum expenditure limit to reimburse a health care provider," in lines 22-23.

As per amended claim 1, Deavers teaches a method of managing health care resources for a health care consumer as analyzed and discussed in the previous Office Action (paper number 20060816), the method comprising:

opening a health savings account, comprising a nontaxable section and a taxable section, (Deavers; column 2, lines 51-56, column 3, lines 48-56, column 16, lines 17-21);

enabling the health care consumer to insert resources into the nontaxable section of the health savings account before the health care consumer is obligated to pay tax on the resources (Deavers; column 4, lines 39-51, 59-67, column 10, lines 20-37);

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enabling the health care consumer to insert resources into the taxable section of the health savings account such that resources inserted into the taxable section are taxed (Deavers; column 10, lines 20-37);

enabling the health care consumer to withdraw resources from the taxable section at will (Deavers; column 3, lines 7-20); and

enabling the health care consumer to access the health savings account to reimburse a health care provider (Deavers; column 4, lines 39-42, column 6, lines 1-4).

Deavers fails to explicitly disclose

wherein the taxable section of the health savings account is placed in an investment vehicle;

specifying a maximum expenditure limit on the health savings account, the maximum expenditure limit indicating a restriction on deductions from the health savings account over a time period;

accessing setting preferences for the health savings account that determine the manner in which the resources are withdrawn from the taxable section and the nontaxable section of the health savings account, the setting preferences affecting the transition of withdrawals between the taxable section and the nontaxable section;

using the setting preferences to allocate resources;

monitoring an actual expenditure by the health care consumer to determine if the maximum expenditure limit has been deducted from the health savings account over the time period; and

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assessing the health care consumer for a percentage of health care costs exceeding maximum expenditure limit to reimburse a health care provider.

However, the above features are well-known in the art, as evidenced by Kenna.

In particular, Kenna teaches

wherein the taxable section of the health savings account is placed in an investment vehicle (Kenna; column 13, lines 44-51);

specifying a maximum expenditure limit on the health savings account, the maximum expenditure limit indicating a restriction on deductions from the health savings account over a time period (Kenna; column 4, lines 1-9, column 14, lines 20-52);

accessing setting preferences for the health savings account that determine the manner in which the resources are withdrawn from the taxable section and the nontaxable section of the health savings account, the setting preferences affecting the transition of withdrawals between the taxable section and the nontaxable section (Kenna; Figure 2, column 5, lines 33-39);

using the setting preferences to allocate resources (Kenna; Figure 2, column 5, lines 33-39);

monitoring an actual expenditure by the health care consumer to determine if the maximum expenditure limit has been deducted from the health savings account over the time period (Kenna; Figure 10, Item 1115, Figure 11, Item 1200, column 14, lines 40-41); and

assessing the health care consumer for a percentage of health care costs exceeding maximum expenditure limit to reimburse a health care provider (Kenna; Figure 10, Item 1145, column 4, lines 1-9, column 14, lines 20-52).

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It would have been obvious to one of ordinary skill in the art at the time the invention was made to modify the method of Deavers to include the above limitations, as taught by Kenna, with the motivations of implementing the MSA (medical savings account) concept by enabling “fluid interaction” and “exchange of timely electronic information” (Kenna; column 3, lines 14-26).

(B) As per claims 4-6, 8-11, Deavers and Kenna teach a method as analyzed and discussed in claim 1 above

wherein an employer of the health care consumer provides the taxable resources or the nontaxable resources (Deavers; column 2, lines 57-61);

further comprising enabling additional taxable resources and additional nontaxable resources to be inserted in the health savings account at a subsequent time (Deavers; column 4, lines 39-42);

further comprising enabling the health care consumer to insert additional resources into the health savings account when an amount of resources available in the health savings account is insufficient to reimburse the health care provider (Deavers; column 7, lines 65 to column 8, line 11);

further comprising enabling the health care consumer to provide additional resources for health care costs exceeding the maximum expenditure limit (Deavers; column 4, lines 58-62), (Kenna; Figure 10, Item 1145, column 4, lines 1-9, column 14, lines 20-52);

further comprising enabling a party other than the health care consumer to provide additional resources for health care costs exceeding the maximum expenditure limit (Deavers;

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column 4, lines 58-62), (Kenna; Figure 10, Item 1145, column 4, lines 1-9, column 14, lines 20-52);

wherein the party includes at least one of an employer and an insurance provider (Deavers; column 2, lines 57-61), (Kenna; Figure 10, Item 1145, column 4, lines 1-9, column 14, lines 20-52); and

further comprising deducting resources for reimbursement above the maximum expenditure limit from the health savings account (Deavers; column 4, lines 58-62), (Kenna; Figure 10, Item 1145, column 4, lines 1-9, column 14, lines 20-52).

The motivations for combining the respective teachings of Deavers and Kenna are as given in the rejection of claim 1 above, and incorporated herein.

(C) Amended claim 13 differs from amended method claim 1 in that it recites a health savings account for a health care consumer, rather than a method for managing health care resources for a health care consumer, in the preamble.

Apparatus claim 13 repeats the subject matter of claim 1 as a set of elements rather than a series of steps. As the underlying processes of claims 1 have been shown to be fully disclosed by the teachings of Deavers and Kenna in the above rejection of claim 1, it is readily apparent that the system disclosed by Deavers and Kenna includes the apparatus to perform these functions. As such, these limitations are rejected for the same reasons given above for method claim 1, and incorporated herein.

(D) As per claims 18, 20-22, Deavers and Kenna teach an account as analyzed and discussed in claim 13 above

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wherein the online controller displays information describing a health care opportunity (Deavers; Figure 1E, column 5, lines 58-66);

further comprising a services database enabling the health care consumer to identify a health care opportunity (Deavers; column 5, lines 50-57, column 8, lines 6-12); and

wherein identifying a health care opportunity includes enabling the health care consumer to allocate resources for the health care opportunity (Deavers; column 4, lines 39-42, column 6, lines 1-4, column 7, lines 65 to column 8, line 11); and

wherein the allocation device is structured and arranged to access one or more transaction parameters utilized by the allocation device to update information in the services database (Deavers; column 3, lines 34-42).

(E) As per newly added claim 43, Deavers and Kenna teach a method as analyzed and discussed in claim 1 above

further comprising enabling the health care consumer to provide additional resources for health care costs exceeding the maximum expenditure limit up to a predetermined amount, after which a party other than the health care consumer is enabled to provide any remaining resources for health care costs not reimbursed by the health care consumer (Kenna; Figure 10, Item 1145, column 4, lines 1-9, column 14, lines 20-52)

5. Claim 26-27, 29, 31-33, 35-42 are rejected under 35 U.S.C. 103(a) as being unpatentable over Barber et al., U.S. Patent Number 4,858,121, Deavers, U.S. Patent Number 6, 044, 352 and Kenna, et al., U.S. Patent Number 6,108,641 for substantially the same reasons given in the previous Office Action (paper number 20060816). Further reasons appear hereinbelow.

(A) Amended claim 26 differs from claim 1 in that it is a health care system rather than a method of managing health care resources for a health care consumer.

As per amended claim 26, Barber teaches a health care system comprising:

a first host structured and arranged to facilitate selection of a health care provider

(Barber; Abstract, column 8, line 54 to column 9, line 2);

a second host structured and arranged to manage an online health account

(Barber; Abstract, column 3, lines 61-66).

Barber fails to explicitly disclose the online health account comprising a health savings account and the remainder of claim 26.

However, the above features are well-known in the art, as evidenced by Deavers.

In particular, Deavers teaches an online health account comprising a health savings account (Deavers; column 2, lines 51-56, column 3, lines 48-56, column 16, lines 17-21).

The remainder of amended system claim 26 repeats the subject matter of amended method claim 1 as a set of elements rather than a series of steps. As the underlying processes of claims 1 have been shown to be fully disclosed by the teachings of Deavers and Kenna in the above rejection of claim 1, it is readily apparent that the system disclosed by Deavers and Kenna includes the apparatus to perform these functions. As such, these limitations are rejected for the same reasons given above for method claim 1, and incorporated herein.

It would have been obvious to one of ordinary skill in the art at the time the invention was made to modify the system of Barber to include the above limitations, as taught by Deavers and Kenna, with the motivations of implementing the MSA (medical savings

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account) concept by enabling “fluid interaction” and “exchange of timely electronic information” (Kenna; column 3, lines 14-26).

The motivations for combining the respective teachings of Deavers and Kenna are as given in the rejection of claim 1 above, and incorporated herein.

(B) As per claims 27, 29, 31-33, Barber, Deavers and Kenna teach a health care system as analyzed and discussed in claim 26 above

wherein facilitating selection of the health care provider includes maintaining a services database (Barber; column 3, lines 41-59, column 6, lines 50-58);

wherein facilitating selection of the health care provider includes updating the services database (Barber; column 7, lines 22-28);

wherein managing the online health account includes establishing the online health account (Barber; column 5, line 65 to column 6, line 9, column 9, lines 11-25);

wherein managing the online health account includes enabling access to the services database (Barber; column 3, lines 41-59, column 6, lines 50-58); and

wherein managing the online health account includes populating a services database (Barber; column 7, lines 22-28).

The motivations for combining the respective teachings of Barber, Deavers and Kenna are as given in the rejection of claims 1 and 26 above, and incorporated herein.

(C) As per claims 35-42, Barber, Deavers and Kenna teach a health care system as analyzed and discussed in claim 26 above

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wherein managing the online health account includes enabling transaction processing (Barber; column 6, lines 55-59);

wherein managing the online health account includes setting the health savings account preferences (Deavers; column 7, lines 44-59);

wherein managing the online health account includes receiving funds (Barber; Abstract, column 3, lines 61-66);

wherein managing the online health account includes allocating funds (Barber; Abstract, column 3, lines 61-66);

wherein managing the online health account includes depositing funds into the health savings account (Deavers; column 2, line 52 to column 3, line 10);

wherein managing the online health account includes withdrawing funds from the health savings account (Deavers; column 2, line 52 to column 3, line 10);

wherein managing the online health account includes establishing a relation between the online health account and a logical partition on a larger pooled account for multiple users (Deavers; column 8, lines 47-52, column 3, lines 44-48, column 4, lines 3-14); and

wherein managing the online health account includes establishing the online health account as a separate and distinct financial instrument from accounts of other users (Deavers; column 4, lines 59-62).

The motivations for combining the respective teachings of Barber, Deavers and Kenna are as given in the rejection of claims 1 and 26 above, and incorporated herein.

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6. Claims 2-3, 14-17, 19 are rejected under 35 U.S.C. 103(a) as being unpatentable over Deavers, U.S. Patent Number 6, 044, 352 and Kenna, et al., U.S. Patent Number 6,108,641, as applied to claims 1 and 13 above, and further in view of Barber et al., U.S. Patent Number 4,858,121 for substantially the same reasons given in the previous Office Action (paper number 20060816). Further reasons appear hereinbelow.

(A) As per claim 2-3, Deavers and Kenna teach a method as analyzed and discussed in claim 1 above.

Although Deavers and Kenna teach electronic transfers of funds (Deavers; column 3, lines 53-56, column 7, line 65 to column 8, line 2), Deavers and Kenna fail to explicitly disclose a method

wherein enabling the health care consumer to reimburse the health care provider includes enabling the health care consumer to direct reimbursements from an online health account and further comprising enabling the online health account to display transaction information related health care that has been provided.

However, the above features are well-known in the art, as evidenced by Barber.

In particular, Barber teaches

wherein enabling the health care consumer to reimburse the health care provider includes enabling the health care consumer to direct reimbursements from an online health account (Barber; Abstract, column 3, lines 61-66) and

further comprising enabling the online health account to display transaction information related health care that has been provided (Barber; column 6, lines 55-59).

It would have been obvious to one of ordinary skill in the art at the time the invention was made to modify the method of Deavers and Kenna to include the above limitations, as taught by Barber, with the motivations of reducing delays between the time medical services were provided and when compensation was received , thus decreasing physicians' overhead, lowering medical costs to the consumer (Barber; column 1, 49-53).

(B) Apparatus claims 14, and 19 repeat the subject matter of claims 2, and 3, respectively, as a set of elements rather than a series of steps. As the underlying processes of claims 2 and 3 have been shown to be fully disclosed by the collective teachings of Deavers, Kenna and Barber in the above rejections of claims 2 and 3, it is readily apparent that the system disclosed collectively by Deavers, Kenna and Barber includes the apparatus to perform these functions. As such, these limitations are rejected for the same reasons given above for method claims 2 and 3, and incorporated herein.

(C) As per claims 15-17, Deavers, Kenna and Barber teach an account as analyzed and discussed in claims 13 and 14 above

wherein the communications device includes a computing device (Deavers; column 1, lines 38-46, column 7, lines 59-67);

wherein the communications device includes a telephone (Deavers; Figure 1F, column 6, lines 44-47);

wherein the online controller enables a display of information in the taxable account or the nontaxable account (Barber; column 3, 59-66).

The motivations for combining the respective teachings of Deavers, Kenna and Barber, are as given in the rejection of claims 1-2 above, and incorporated herein.

7. Claims 23-25 are rejected under 35 U.S.C. 103(a) as being unpatentable over Deavers, U.S. Patent Number 6, 044, 352 and Kenna, et al., U.S. Patent Number 6,108,641, as applied to claims 13 and 20 above, and further in view of Henley, U.S. Patent Application Publication Number 2002/0065758 for substantially the same reasons given in the previous Office Action (paper number 20060816). Further reasons appear hereinbelow.

(A) As per claims 23-25, Deavers and Kenna teach an account as analyzed and discussed in claims 13 and 20 above.

Deavers and Kenna fail to explicitly disclose an account wherein the services database includes a quality assessment tool created from feedback of the health care consumer;

wherein the services database includes a directory of health care providers; and further comprising enabling the health care consumer to search the directory of health care providers by cost, location, affiliation or quality.

However, the above features are well-known in the art, as evidenced by Henley.

In particular, Henley teaches

wherein the services database includes a quality assessment tool created from feedback of the health care consumer (Henley; paragraph [0037]);

wherein the services database includes a directory of health care providers (Henley; paragraph [0085]); and

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further comprising enabling the health care consumer to search the directory of health care providers by cost, location, affiliation or quality (Henley; Abstract, paragraphs [0019] [0084]).

It would have been obvious to one of ordinary skill in the art at the time the invention was made to modify the account of Deavers and Kenna to include the above limitations, as taught by Henley, with the motivations of improving the quality of medical services provided to patients and other buyers of medical services (Henley; paragraph [0037]).

8. Claims 28, 30 are rejected under 35 U.S.C. 103(a) as being unpatentable over Barber et al., U.S. Patent Number 4,858,121, Deavers, U.S. Patent Number 6, 044, 352 and Kenna, et al., U.S. Patent Number 6,108,641 as applied to claim 26 above, and further in view of Henley, U.S. Patent Application Publication Number 2002/0065758 for substantially the same reasons given in the previous Office Action (paper number 20060816). Further reasons appear hereinbelow.

(A) As per claims 28, 30, Barber teaches a system as analyzed and discussed in claim 26 above.

Barber, Deavers and Kenna fail to explicitly disclose a system wherein facilitating selection of the health care provider includes soliciting feedback regarding the health care provider; and

wherein facilitating selection of the health care provider includes enabling the services database to be searched.

However, the above features are well-known in the art, as evidenced by Henley.

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In particular, Henley teaches

a system wherein facilitating selection of the health care provider includes soliciting feedback regarding the health care provider (Henley; paragraph [0113]); and

wherein facilitating selection of the health care provider includes enabling the services database to be searched (Henley; Abstract, paragraph [0084]).

It would have been obvious to one of ordinary skill in the art at the time the invention was made to modify the account of Barber, Deavers and Kenna to include the above limitations, as taught by Henley, with the motivations of providing a more convenient mechanism for identifying and contacting a high quality, qualified medical service provider that will provide a desired medical service at the desired quality, time, location and price (Henley; paragraph [0023]).

Response to Arguments

9. Applicant's arguments filed 26 December 2006 have been fully considered but they are not persuasive. Applicant's arguments will be addressed hereinbelow in the order in which they appear in the response filed 26 December 2006.

At pages 11-12 of the 26 December 2006 response, Applicant argues that the features in the Application are not taught or suggested by the applied references. In response, all of the limitations which Applicant disputes as missing in the applied references, including the newly added features in the 26 December 2006 amendment, have been fully addressed by the Examiner as either being fully disclosed or obvious in view of the collective teachings of

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Deavers, Kenna, Barber, and Henley, based on the logic and sound scientific reasoning of one ordinarily skilled in the art at the time of the invention, as detailed in the remarks and explanations given in the preceding sections of the present Office Action and in the prior Office Action (paper number 20060816), and incorporated herein. In particular, Examiner notes that the recited features of specifying, monitoring, and assessing a maximum expenditure limit are taught by the combination of applied references. In particular, please note that Examiner interprets Kenna's teachings of "... receiving subscriber parameters and creating an associated account database entry where each MSA subaccount in the database includes information ...[including] ..., parameters defining allowable contributions to and withdrawals from the MSA subaccount ..." (emphasis added) (Kenna; column 4, lines 1-9 and) "... determines whether the maximum annual amount of the MSA has previously been paid from this account" (Kenna; column 14, lines 22-24) and "...the administrator is willing to loan funds to the subscriber to cover the claim. This decision may, for example, be based on account parameters ..." (Kenna; column 14, lines 44-45) and "[t]he parameter, ACCT-LIMIT(I), is set to the maximum amount the administrator is willing to advance to a subscriber in circumstances where his account balance is insufficient for a desired transaction ..." (Kenna; column 14, lines 48-52) to be a form of specifying, monitoring, and assessing a maximum expenditure limit and consequently as reading on these limitations.

Conclusion

10. Any response to this action should be mailed to:

**Commissioner of Patents and Trademarks
Washington D.C. 20231**

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or faxed to: (571) 273-8300.

For informal or draft communications, please label "PROPOSED" or "DRAFT" on the front page of the communication and do NOT sign the communication. After Final communications should be labeled "Box AF."

11. Any inquiry concerning this communication or earlier communications from the examiner should be directed to Natalie A. Pass whose telephone number is (571) 272-6774. The examiner can normally be reached on Monday through Thursday from 9:00 AM to 6:30 PM. The examiner can also be reached on alternate Fridays.
12. If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Joseph Thomas, can be reached at (571) 272-6776. Any inquiry of a general nature or relating to the status of this application or proceeding should be directed to the Receptionist whose telephone number is (571) 272-3600.
13. Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see <http://pair-direct.uspto.gov>. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free).


Natalie A. Pass

January 22, 2007


C. LUKE GILLIGAN
PRIMARY EXAMINER
TECHNOLOGY CENTER 3600